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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing  
OR  
☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)

**Attorney Docket Number** LII161A US

**First Named Inventor** Garry Van Houten

**COMPLETE IF KNOWN**

**Application Number** /

**Filing Date**

**Group Art Unit**

**Examiner Name**

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Composite Wheel Assembly and Method for Producing Same

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 21]

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label ☐ Correspondence address below

021133

Name Remy J. VanOphem

Address 755 W. Big Beaver Road

Address Suite 1313

City Troy

State MI

ZIP 48084-4903

Country United States

Telephone (248) 362-1210

Fax (248) 362-4055

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1 001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) Garry

Family Name

or Surname Van Houten

Inventor's

Signature

*Garry Van Houten*

Date

4-13-01

Residence: City Middleville

State MI

Country U.S.A.

Citizenship U.S.A.

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Mailing Address same as above

City Middleville

State Michigan

ZIP 49333

Country U.S.A.

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) Eldean

Family Name

or Surname Weidmayer

Inventor's

Signature

*Eldean Weidmayer*

Date

4-13-01

Residence: City Alto

State MI

Country U.S.A.

Citizenship U.S.A.

Mailing Address 8770 Running Deer Lane

Mailing Address same as above

City Alto

State MI

ZIP 49302

Country U.S.A.

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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## DECLARATION

## ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 2 of 2

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Gregory R.

Hauler

Inventor's  
Signature

*Gregory R. Hauler*

Date 13 APRIL 2001

Residence: City Montague

State MI

Country U.S.A.

Citizenship U.S.A.

Mailing Address 8547 Ellenwood Estates

Mailing Address

City Montague

State MI

ZIP 49437

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Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

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Signature

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number

Filing Date

First Named Inventor

Garry Van Houten

Group Art Unit

Examiner Name

Attorney Docket Number

I hereby appoint:

☒ Practitioners at Customer Number

021133

OR

☐ Practitioner(s) named below:

Name	Registration Number



021133

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Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Eldean Weidmayer

Signature

*Eldean Weidmayer*

Date

4-13-01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 3 forms are submitted.

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Examiner Name

Attorney Docket Number

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☐ Practitioner(s) named below:

Name	Registration Number



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SIGNATURE of Applicant or Assignee of Record

Name

Gregory R. Hauler

Signature

*Gregory R. Hauler*

Date

4-13-01

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Garry Van Houten

Group Art Unit

Examiner Name

Attorney Docket Number



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I hereby appoint:

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021133

OR

☐ Practitioner(s) named below:

Name	Registration Number

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Name

Garry Van Houten

Signature

*Garry Van Houten*

Date

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